



Department of Health and Mental Hygiene

Developmental Disabilities Administration

Advisory Guidelines  
For  
Determining Eligibility for DDA Funded Services

December 2012

Web site: <http://dda.dhmv.maryland.gov>

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## I. Purpose and Background

### Purpose

This document provides guidance in how to assist the DDA in making decisions regarding eligibility and priority for funding. Resource Coordinators assisting individuals in applying for funding and regional staff reviewing the applications are to follow these guidelines to ensure that DDA's eligibility and access processes are fair, consistent and equitable across all regions of the state.

The guidelines clarify the type of information required to complete the DDA application, and provide standards for supporting documentation. Words or phrases bolded in the text are defined in the Glossary located in Appendix B.

### Background

There are two levels of eligibility for funding for services from DDA, 1) developmental disability and 2) support services only as defined below.

**“Developmental disability”** means a severe, chronic disability that:

- 1) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
- 2) Is manifested before the individual attains the age of 22;
- 3) Is likely to continue indefinitely;
- 4) Results in an inability to live independently without external support or continuing and regular assistance; and
- 5) Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned and coordinated for the individual. Statute: Health General (HG) §7-101 (e)

**Support services only** eligibility is for an individual who has a severe chronic disability that:

- 1) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments; and
- 2) Is likely to continue indefinitely. HG §7-403 (c)

The same application is used for both levels of eligibility. The difference in **services** available for each of the two eligibility levels is summarized as follows:

**Services for persons with a “Developmental disability” or DD Eligible include:**

Resource Coordination, Respite Care, Residential **Habilitation**, Day and Employment **Services**, Environmental Modifications, Personal Support, Medical Day Care, Assistive Technology and Adaptive Equipment, Behavioral Support **Services**, as well as Family and **Individual Support Services**, as described below. DD eligible individuals may receive **services** that are funded with a combination of State and federal dollars, if certain requirements are met.

## **Services for persons who are “Supports Only” or SO Eligible include:**

Resource Coordination, Family and **Individual Support Services**, but do not include full day or residential **services**. Individuals who are eligible for “Supports only” are limited to state only funds from DDA. Individuals in this category are not eligible to participate in the Medicaid Waiver Program serving persons with developmental disabilities.

## **II. Eligibility Criteria**

To be DDA eligible individuals must meet five criteria for a severe, chronic disability. The criteria related to the establishment of a severe, chronic disability are included in the requirements for both DD eligibility and for SO eligibility. To be SO eligible criteria 1 and 2, listed below, must be met.

**Criteria 1- The severe chronic disability is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments.**

The severe, chronic requirement reflects that service funding from DDA is meant for individuals whose functional impairments are extensive and persistent. An individual has a **severe, chronic disability**, when a physical or mental condition impairs the person from performing major life functions. Although the potential for improved functioning is recognized in all persons, severe, chronic disabilities are not expected to go away, be cured, outgrown, or managed solely with accommodations.

A mental illness does not, by itself, qualify an individual for **services** from the DDA, despite the impact that mental illness can have. Individuals who have dual diagnoses or co-occurring disorders may meet eligibility requirements if the effects of their mental illness have been ruled out as the sole contributor to any functional impairment.

**Criteria 2- The severe chronic disability is manifested before the individual attains the age of 22**

The individual’s history and information verifying that the person had a severe, chronic disability before age 22 are essential to the determination that this criterion is met. Selection of the age of 22 as an essential element in distinguishing between DD and SO eligibility recognizes age 22 as a boundary between the dependence of childhood and the independence of adulthood. It reflects that severe disabilities, which originate early in a person’s life, generally interfere with the acquisition of the most basic skills.

In situations where there is limited or no information available regarding the presence and impact of a disability prior to age 22, judgments as to how and when the individual’s disability **manifested** are made based on best available and attainable documentation. This might include descriptions from friends and family as to what an individual could or could not do, as well as what opportunities the individual had to demonstrate functional behavior prior to age 22.

### **Criteria 3- The severe chronic disability is likely to continue indefinitely**

This means that the individual's mental and/or physical impairments are not likely to significantly improve with medical, habilitative or rehabilitative **treatment**. The individual's mental or physical impairment is known to be chronic when it is the judgment of a licensed, **qualified clinician** or professional that the individual is likely to satisfy eligibility criteria for the duration of their life-span.

### **Criteria 4- The severe chronic disability results in an inability to live independently without external support or continuing and regular assistance**

The Maryland statutory definition of developmental disability focuses on an adult applicant's inability to live without external support or continuing regular assistance. HG §7-101(k) 1 and 2, and HG §7-101(g).

Specifically this includes individuals who are unable to independently:

- manage their self-care/personal care needs, require on-going physical assistance, intense training and/ or frequent supervision in taking care of personal needs such as eating, personal hygiene, medication, dressing, and personal safety.
- manage a household, require on-going physical assistance, extensive training and/ or frequent supervision in performing basic cooking, cleaning, maintenance, laundry, and money management.
- use community resources, require on-going physical assistance, extensive training and/ or frequent supervision in using commercial establishments, such as stores, restaurants, transportation, **services** of public agencies, and recreation.

Finally, to meet the requirement for Criteria 4, the requirement for external supports should be such that:

- A. substantial supervision and/or assistance on at least a weekly basis is necessary to complete tasks in all three independent living categories; and
- B. the external supports provided to the individual are critical to his or her health, welfare, and habilitation; and
- C. the external support is directly related to the verified disability, or combination of disabilities, (other than a sole diagnosis of a mental illness).

### **Criteria 5 - Reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services that are individually planned and coordinated for the individual.**

Individuals requiring a combination and sequence of special, interdisciplinary or **generic** care, **treatment**, or other **services** that are individually planned and coordinated typically have needs that if not met in the community would require an institutional **level of care** (LOC). The range of these services must be delivered according to a developmental or adaptive sequence that is specifically matched to the individual needs of the person. The nature of the **services** needed is habilitative, (rather than restorative), or may be for prevention of loss of their current functional status. Interdisciplinary services are essential to allow individuals who meet these criteria to function with as much self-determination and independence as possible.

### **Eligibility for other services**

DDA determinations of eligibility are separate and distinct from eligibility for other local, state, or federal programs and services. HG §7-405 states that acceptance for services from DDA does not affect an individual's eligibility for services provided by other public or private agencies for which they qualify and need. Likewise, a determination of eligibility for any other programs does not assure eligibility for services from DDA.

### **Supports Only Eligibility - Determining if an individual, who does not have a developmental disability, meets required criteria in HG §7-403(c) eligible for Supports Only**

To be determined SO eligible, an individual shall have a severe, chronic disability that:

- i) is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments, and
- ii) Is likely to continue indefinitely. These are the same criteria that are included in HG §7-101(e) (1) and (3) of the **developmental disability** definition.

This eligibility level provides less intense supports and **services** to individuals who do not meet all five criteria in HG §7-101(e), and supports and services to individuals who show the signs and symptoms of a severe chronic disability occurring after the age 22. It is acknowledged that many individuals, who are eligible in the SO category, may not have all of their service needs funded by DDA.

### **Eligibility Considerations regarding Children**

Eligibility requirements for children are generally the same as those for adults. However, the assessment of children may pose unique challenges related to the instability of test results and difficulty of diagnosis of certain conditions at young ages. It is necessary to differentiate the broad needs for supervision and assistance that apply to all children, from the acquisition of specific age appropriate behaviors and skills.

Generally, information regarding an individual's functioning before and after age 7 and at least once again before age 17 is the most helpful in assessment of disabilities that manifest before the 22nd birthday. (It is preferable to obtain evaluations that are current and no more than three years old.) For older children with **intellectual disability**, it is desirable to have assessments, including both cognitive and adaptive performance measures that were completed

prior to the 18th birthday. When possible, assessments of young children should be completed both before and after age seven.

Although evaluations from qualified professionals are expected to incorporate appropriate diagnostic tools applicable across different age ranges, for very young children, there may not be sufficient information to verify a specific condition or to reliably identify the future impact of challenges observed in early childhood. General prognostic statements or data associated with various conditions cannot be used as evidence that specific eligibility criteria have been met. Simple statements of clinical judgment, (i.e., Doctor's notes, treatment plans, informal assessments) are generally insufficient to result in an affirmative eligibility determination, particularly at the DD level.

The assurance of accurate determinations of eligibility for children requires recognition that early intervention **services** may significantly improve the individual's **functional skills** over an extended period of time. As with adults, when a child's tests results are inconsistent over time, or marginal in terms of functional impact, further assessments (into an individual's early or middle teen years) may be necessary to determine functional impact consistent with Criteria 4 and 5. While children with profound impairments may more readily meet eligibility criteria, others may be more difficult to assess because of their limited history.

### III. Application

The first phase of the eligibility determination process begins when the applicant and/or his or her agent submits the DDA **Application for Services**, with supporting documentation to the appropriate DDA Regional Office. Anyone who has interest in the welfare of the individual can submit an application on behalf of the individual with the person's or their legal representative's consent. The application form can be downloaded from DDA's website. The application form is also available and can be mailed from any of DDA's four (4) regional offices located in Central, Eastern, Southern, and Western Maryland.

HG §7-401(a) (1) authorizes the Secretary to adopt rules and regulations that contain criteria for "appropriate evaluations". Code of Maryland Regulations (COMAR)10.22.12.03 (b) (5) says:

"Appropriate evaluation" means the assessment of an individual by a qualified developmental disability professional using accepted professional standards to document the presence of a:

- (a) Developmental disability as defined in HG §7-101(e), Annotated Code of Maryland; or
- (b) Severe, chronic disability that qualifies the individual for support services as defined in HG §7-403(c), Annotated Code of Maryland.

DDA implements the provisions related to an "appropriate evaluation" by requesting copies of existing psychological evaluations, medical reports, social history and educational records from applicants, as available. Historical and contemporary records from **qualified clinicians** and/or examiners which substantiate medical diagnoses, disabling conditions and delayed attainment of developmental milestones are used to verify the nature and intensity of the applicant's disability.

Only relevant assessment information will be considered in determining eligibility for funding from DDA. Tests and assessment information included in the review process must meet accepted professional standards. Additional testing may be required to make a decision when there are inconsistent testing results on different occasions, or when "borderline" results have been indicated.

As required by regulation COMAR 10.22.12.08 A the "eligibility determination process" is to be completed within 60 days. To meet this requirement, supporting documentation must be received by the DDA Regional Office within 45 days of receipt of the application. If supporting documentation is not received within 45 days, applicants are advised by letter that all needed supporting documentation has not been received and that it will not be possible to process the application unless supporting documentation, an extension, or an exception request has been received within 15 days of that notification. "Exceptions" may be considered for applicants who have no viable expectation of obtaining professional assessments, for reasons such as age, loss or destruction of applicable professional evaluations, or prior residence outside of the United States. If no supporting documentation or request for extension or exception has been received three weeks after mailing the "no supporting documentation letter", the Regional Office follows up with a second letter notifying that the application cannot be processed, due to lack of information. The letter also advises that the application form will be filed as incomplete, with no further action taken unless additional information is received.



When a complete **application**, with supporting documentation is received, DDA eligibility staff implement a preliminary review process to see if the documentation submitted indicates whether the applicant *appears* to be eligible, either as a person with DD or SO eligibility, or not eligible. DDA eligibility staff may also determine that additional documentation is needed. COMAR 10.22.12.05 requires that a **preliminary determination** be made within seven days of receipt of the application with whatever supporting documentation is available at the time and a personal contact is conducted with those who *appear* to be eligible. Application forms in Appendix D

### **Personal Contact/Interview**

The second phase of the assessment process requires a personal contact with the applicant by a representative of DDA. The representative may include DDA staff or staff of a resource coordination agency. A face-to-face interview is required for all applicants living in the community. Under some circumstances the personal contact may be made by telephone.<sup>1</sup> DDA will proceed with a personal contact (face to face or over the phone) regardless of whether the individual appears or does not appear to be eligible based on the information received with the **application**. During the face to face or phone interview, the DDA representative asks a series of questions designed to obtain practical information about the applicant's and caregiver's situation, and about the resources that are being used or are available to the individual and caregiver. The interviewer verifies whether or not the formal evaluations that have been provided are representative of the applicant's current circumstances. If required assessment information is incomplete or missing, the resource coordinator assists with gathering or arranging for the necessary evaluations. The face to face interview is required for all applicants living in the community.

During the personal contact, the interviewer provides information and referrals to other resources that are available to people living in Maryland, and assists the applicant in applying for Medical Assistance (MA), unless it can be verified that the individual has MA or has recently applied for (within the last six months) or been denied Medical Assistance. Applicants for funding from DDA are required to apply for Medical Assistance, or other alternative funding, as discussed in the interview, (COMAR 10.22.12.08), before the initiation of **services**. Applicants are asked to do so at the start of the application process. It is not always necessary to be Medicaid eligible to receive DDA funding, but it is necessary to verify that the individual has applied for Medical Assistance as well as other alternative funding, as discussed in the interview, when applicable. It is necessary to verify that there is no other appropriate resource for the **funding for services** requested from DDA. (Failure to complete this phase of the application process could delay or preclude receipt of DDA funding.)

At any time during the process, the DDA representative and/or DDA eligibility staff may request more information prior to conducting the next phase of the process. The DDA staff or representative may request that the applicant or the referring source seek further assessment by a qualified practitioner. Additional information or assessments may be necessary to assure that

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<sup>1</sup> COMAR regulations provide an exception for individuals living in chronic hospitals, rehabilitation facilities, residential schools, or for a transitioning youth whose only service need is a day program, although current practice is to conduct a face to face interview with anyone living in Maryland.

an accurate determination of the individual's eligibility for DDA **services** is made. The request for additional information will be made in writing.

Based on all of the information that has been gathered the DDA representative makes a recommendation regarding eligibility to the Regional Office within 45 days of receiving a completed application regarding eligibility, **service need**, and urgency of need as related to one of the priority categories described in COMAR 10.22.12.07. DDA eligibility staff review information submitted in its entirety. Generally the process is completed within 60 days of receipt of the completed application form and supporting documentation. Eligibility and Access packet is in Appendix D.

## IV. Priority Determination

### Waiting List

DDA maintains a statewide waiting list of individuals who have been found eligible for funding, but are not receiving any DDA funded service other than Resource Coordination. DDA maintains daily reports of the waiting list. Twice a year, in January and July, DDA takes a “snapshot” of the waiting list in order to have fixed data points for reporting.

The priority criteria described in COMAR 10.22.12.07 are used to determine urgency of need for individuals who have been found eligible in either the DD or SO level of eligibility. The list is organized into priority categories that reflect urgency of need for services, length of time in the assigned priority category, and special circumstances that could qualify a person for a special funding stream/allocation category when such funding is available.

Determinations of priority status may be subject to modification if the applicant's or caregiver's circumstances change. It is essential, for individuals who are placed on the waiting list, to contact the appropriate regional office regarding any change of address or circumstances in order to maintain an active status on the waiting list. Additionally, in accordance with COMAR 10.22.12.15 and 10.22.16.04; individuals have the right to an informal or formal hearing to appeal the decisions contained in the eligibility determination letter. If a person wishes to appeal a determination, a hearing must be requested in writing within 45 days of the postmark of the determination letter. Questions regarding the appeal process should be referred to the appropriate DDA - Regional Office. Critical Needs Recommendation List form is Appendix F.

**There are three priority categories: Crisis Resolution, Crisis Prevention, and Current Request.**

#### **Category I --- Crisis Resolution is for people who are:**

- **homeless or will be homeless within 30 days;**
- **victims of abuse or neglect;**
- **at serious risk of causing physical harm to others;**
- **living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health**

Crisis Resolution Priority is the highest priority and is reserved for people who are in emergent circumstances that require immediate intervention or will shortly. Individuals who meet this priority are homeless and /or living in a very temporary arrangement, in an abusive or neglectful situation, or at high risk of being hurt or hurting someone else. Often, the situations that meet these arise suddenly (i.e., death of a caregiver), and may require short term action to respond to the emergency, followed by long term or on-going services.

To determine that an individual meets the criteria of being homeless or living in temporary housing, with clear time-limited ability to continue to live in this setting with no viable non-DDA funded alternative it is necessary to obtain verification such as:

- Eviction notice, that takes effect within 30 days
- Letter from a shelter stating a date that is within 30 days, when the person has to leave
- Foreclosure notice, that takes effect within 30 days
- Denial letters from non-DDA alternatives that were explored and found not viable
- Any other verification that homelessness is imminent

To determine that an individual meets the criteria of COMAR 10.22.12.07 B (1) (a) (ii), being at serious risk of physical harm in the current environment, it is necessary to verify that, the individual has:

- recently received serious injuries due to the behavior of others in the home, or been the victim of sexual abuse.
- been neglected to the extent of being at serious risk of sustaining injuries which are life threatening or which substantially impair functioning
- engages in self-injurious behavior which puts the person at serious risk of sustaining injuries which are life threatening or substantially impair functioning
- at serious risk of sustaining injuries which are life threatening or which substantially impair functioning due to physical surrounding.

To determine that an individual meets the criteria of COMAR 10.22.12.07 B (1) (a) (iii), being at serious risk of causing physical harm to others in the in the current environment, it is necessary to verify the use use/or impact of the following:

- use of behavioral support or respite services
- whether medications, medical care, or psychiatric services have been accessed
- documentation of other services the individual is receiving
- whether or not protective service agents should be contacted on behalf of any other vulnerable persons in the current environment.

To determine that an individual meets the criteria of COMAR 10.22.12.07 B (1) (a) (vi), living with a caregiver who is unable to provide adequate care due to caregiver's impaired health, which may place the individual at risk of serious physical harm it is necessary to:

- determine who the primary caregiver is
- determine if the applicant is also the caregiver
- find out what the caregiver has done in the past that they are no longer able to do
- find out who else resides in the home and whether a secondary caregiver is available
- find out what other relatives, friends or organized charitable groups (churches, meals on wheels, homecare aids) might be asked to assist the caregiver
- ask for documentation and prognostic information regarding the health condition that is affecting the primary caregiver's ability to care for the individual
- find out what other non-DDA services that are relevant to the situation are currently provided to anyone living in the home

- find out if there is any equipment or technology that would be of assistance in the current situation
- find out what non-DDA services have been requested but not yet approved or denied for anyone in the home
- ask if individual has Medicaid personal assistance service or other services in place

Additional information that may be relevant to assessment of the crisis resolution indicators, are as follows:

- use of behavioral support service
- medications, medical care, or psychiatric services in place
- description of incidents that resulted in injuries
- description of the injuries and resultant treatment that resulted for any incidents or events indicative of Crisis resolution priority.
- find out how recently and how frequently the Crisis Resolution indicators occur
- find out when and to whom any of these events were reported
- if an APS or CPS report is needed, make report
- find out if the person with the disability has recently required treatment at an Emergency Room or Hospital as a result of injuries?
- ask if individual has access to counseling or crime victim assistance services?
- ask for related documentation including documentation of other relevant services the individual is receiving

**Category II-----Crisis Prevention - to qualify for this priority category, the applicant: Shall have been determined by the DDA to have an urgent need for services; is at substantial risk for meeting one or more of the crisis resolution criteria within 1 year, or have a caregiver who is 65 years old or older**

The Crisis Prevention Priority is for people with an urgent need who are in deteriorating circumstances that put them in danger of meeting one or more Crisis Resolution criteria within 1 year. Crisis Prevention Priority also includes individuals who have caregivers over age 65. Because age alone is not always a good predictor of the need for services, priority recommendations and determinations should address risk for crisis resolution within a year, when that is the case, as well as age of caregiver. To make the determination that an individual meets the criteria for Crisis Prevention priority under COMAR 10.22.12.07 B 2 (a) i, ii information is needed that illustrates serious emerging problems with the current situation. Those difficulties may relate to: pre-eviction warnings, accessibility issues; changing needs of the person with the disability; changes in the relationship between the person with the disability and the caregiver or other members of the household or family; changes in the composition of the household, such as a secondary caregiver moving out or passing on; changing health of the caregiver(s), minor or infrequent incidents resulting in injuries, with potential to become more serious. The crisis prevention priority is also appropriate in situations where a less intense intervention or support, provided sooner might delay or eliminate the need for a more extensive service in the future.

COMAR 10.22.12.07 (B) 2 is an example of an exception to the general “rule” that individuals within a certain priority category would receive services, when funding is available for that category, based on the length of time they have been waiting. The regulation states that

individuals in the crisis prevention category become eligible to receive services from the date of approval of priority status, except when eligibility is related to the age of the caregiver. In this case, priority is determined by the caregiver's date of birth so that individuals with caregivers born at an earlier date have priority over individuals with caregivers born at a later date. Caregiver date of birth is also the governing factor in access to Waiting List Equity Funding, which is discussed later in this section. Therefore it is essential to maintain accurate caregiver information within the DDA data system at all times.

**Category III-----Current Request**

**Is for people who have a current need for services.**

**Applicants shall be prioritized for services based on the number of fiscal years they have been on the waiting list, except as provided for in §B(3)(b)(iv) (day programs) of this regulation.**

Applicants on the waiting list for the longest period of time shall receive services before those who have been on the list for fewer years, except for day programs. Applicants whose applications are received by the DDA access unit within a given fiscal year shall be ranked by the fiscal year of application, and the month and day of birth. Those applicants born at the beginning of the fiscal year have priority over those born later in the year.

For Day Programs only, the period of time that shall be counted toward prioritizing an individual shall begin with the year of departure from school or the year of application, whichever is later.

The Current Request priority is the lowest level of priorities. There are no crisis implications associated with current request, but there is an expectation that the individual has an actual need for DDA funding. The test for this category is the question, "Would the person take the service today, if it was offered today, or is there an anticipated event within the next three years, such as exiting school, retirement of caregiver, aging out of children's residential placements?" This category is not for people who simply want to be identified for planning purposes as potential service recipients. Information is included at the end of this section regarding the DDA Registry for individuals anticipating a need for services three or more years in the future.

**Discrete Categories**

**Waiting List Equity Fund (WLEF)**

Waiting List Equity funding is a special fund established according to the requirements specified in HG §7-206, Annotated Code of Maryland and governed by COMAR 10.22.15 to ensure that savings that accrue when an individual leaves the State residential center will be used to serve persons in the community. The WLEF is used to provide services to individuals who are in crisis, (up to 20% of each annual appropriation), as well as individuals who are not in crisis (at least 80% of each year's appropriation). The WLEF may not be used to supplant funds appropriated for emergency placements and transitioning students. For non-emergencies, priority for distribution of the fund is based upon oldest age of family caregiver, by the date of birth in descending order.

## **Transitioning Youth**

Funds are set aside annually to serve individuals completing academic eligibility and who are transitioning to adult services and supports. The specific requirements to qualify for funds are outlined in COMAR 10.22.12.07 (B) 4.

## **Knott Class**

Knott class is for persons with intellectual disability who have been found to be inappropriately retained in Mental Hygiene Administration (MHA) facilities.

## **Inappropriate Institutionalization**

This category is for persons who may be admitted or are in a nursing home, an intermediate care facility for developmental disabilities or a chronic hospital who do not meet criteria for admission or retention in those facilities. In addition, residents in an institution under Mental Hygiene Administration (MHA) who have a developmental disability but not an intellectual disability and who do not meet criteria for admission or retention in a state psychiatric and whose primary need is not for mental health service.

## **Money Follows the Person**

This program is offered through the Center for Medicare and Medicaid (CMS) and Maryland Department of Health and Mental Hygiene (DHMH). It provides funding, as available, to increase the use of home and community based options for persons leaving institutions. For DDA this program assists persons in state residential centers, state hospitals, nursing homes, or chronic care hospitals who would be eligible for the Community Pathway (CP) or New Directions (ND) waivers.

## **DDA Registry**

The DDA Registry is designed to track people who have been found eligible for services from DDA in either the DD or SO eligibility categories and have a "Future need" determination. The information regarding people on the Registry is used for future planning. The Registry is separate from the Waiting List for people with a priority of Crisis Resolution, Crisis Prevention, or Current Request. People on the Registry may not go into service unless their priority status has been updated placing them on the Waiting List. Placement on the Registry does not guarantee placement on the Waiting List. It is the applicant's responsibility to update DDA Regional Offices with all pertinent information when needs change or their contact information changes.

## **V. Notification**

### **Policy Statement**

It is DDA's policy on eligibility decisions to provide a written response as described in the Annotated Code of Maryland, HG §7 and COMAR 10.22.12.

### **Acknowledgement and Preliminary Determination**

The applicant and/or, the individual for whom the application is made, will be notified as well as other relevant parties as requested by the applicant and resource coordination.

### **Determination Letter**

Within 60 days of receipt of the application, the final letter of determination indicating eligibility, priority, and service needs shall be sent to the applicant, caregiver, or other proponent, when one exists.

COMAR 10.22.12.08 b (1 to 7) requires that the letter of determination contain:

- statement of eligibility as a person with a developmental disability, or as a person eligible for support services only, or not eligible
- nature of services required, which is generally categorized as day, residential and/or support services;
- type of service provision, which may include site based service, (i.e., ALU, Day Habilitation Program) or a service to be provided in the individual's own home, family home, or at an employer's job site, (i.e., CSLA, FISS, SEP);
- type of evaluations, if any, that the person needs, which might include, recommendations for further or future evaluation that might result in a favorable change in eligibility as the applicant gets older;
- that determinations of priority may be subject to modification, as the applicant's or caregiver's situations change;
- right to a hearing,
- requirement to apply for Medical Assistance or alternative funding before initiation of DDA funded services.

DDA's current practice is for letters regarding eligibility and priority determinations to include the following additional information:

- Specific reasons why the criteria of HG §7-101 and §7- 403 were judged to be met or not met;
- The name and phone number of a Regional Office staff person to contact if there are questions about the reasons given, or about any other content or attachments included with the letter; and



- A reminder of the importance of reporting changes in address, contact information, and/or any change in circumstances to the DDA Regional Office so that Waiting List information can be verified and funding can be appropriately and efficiently distributed when it becomes available.

### **Notification of Change in Status**

People and families circumstances and needs can change. To maintain the accuracy of the Waiting List and address the changing needs of people and families, the DDA has implemented the following:

- All notification letters will include instructions for people and families to contact the DDA if their needs, circumstances, and/or contact information changes.
- All new information received will be reviewed and assessed for priority categorization.
- Based on new information received, people may increase, decrease, or remain in the same priority category.
- New contact information, including caregiver age, will be updated in the data system.
- People will receive notice of changes to priority and eligibility along with their rights to appeal.

People in the crisis resolution category are contacted 30, 60, and 90 days and then quarterly after priority category assignment. Information regarding possible services and supports are shared, updates on their current situation are obtained, and any changes to contact information are updated within the DDA system.

When updated information results in a change in a person's eligibility or priority status, written notification of the changes is sent to the affected person and their identified contacts.

The notification includes:

- the reasons for the change,
- the potential impact of the change,
- who to contact in event of an error or with questions, and
- how to appeal the decision, if desired.

The same information is included in the written notification sent when a person is moved to or from the Waiting List, the DDA Registry or placed on Inactive Status. When a person is notified that they are coming off the waiting list as a result of receiving DDA funding for one or more services, information on the process to request a change in services is also provided to the person and his or her authorized contacts or representatives.

Any notification that is returned as "undeliverable" is documented, along with attempts to locate the person or to find an alternate address. Before a person is moved to inactive status, there must be at least two additional attempts to contact the person. One written attempt advises the person of prior unsuccessful attempts at contact and identifying the future date when the change in status will occur unless DDA is contacted or an appeal is filed. Additionally, there is a second written contact advising that the change has been made due to lack of response, with appeal rights and instructions for "re-activation" if so desired in the future. When the purpose of a notification is simply to confirm that there is "no change" in a determination that was

previously reported, those receiving the notification are advised that no action is required unless there is new or additional information that was not previously provided, or circumstances have changed since the earlier determination was made, warranting a new review of a person's eligibility, priority, or placement on a list or registry.

### **Approved Letters**

Standard letters with approved content are attached in Appendix G and should be used for all applicable communications. DDA staff may make minor adjustments on approved letters in order to individualize or customize correspondence to applicants, eligible people, or service recipients.

## **VI. Appeals and Timeframes**

The Advisory Guidelines for determining an individual's eligibility for DDA **services** shall not be construed to create an entitlement to **services** provided or funded by the Department of Health and Mental Hygiene or DDA.

HG §7-406 specifies that an applicant for DDA **services** may request an informal or formal hearing to appeal an eligibility determination. An informal hearing procedure provides a more casual process and an expeditious resolution to an applicant when he or she is dissatisfied with an eligibility determination.

An applicant may choose to waive his or her right to an informal hearing and request a formal hearing in accordance with State Government Article, Title 10, Subtitle 2. An eligibility notification letter with an unfavorable determination shall include the appellant's or referring source's right to request an informal or formal hearing, procedures for filing an appeal and DDA's Informal/Formal Hearing Request Form.

The time frame for filing an appeal of the eligibility determination and requesting an informal or formal hearing is 45 days. An appeal request must be written and made to the Executive Director of the DDA, 201 W. Preston Street, 4<sup>th</sup> Floor, Baltimore, MD 21201.

The eligibility determination will become final unless the appeal request and request for an informal or formal hearing is received by DDA within the prescribed time frame.

## Appendix A

### Assessments

Evaluations submitted by or on behalf of applicants are required to meet applicable professional standards and the following general requirements:

- Assessments and tests are required to be administered and scored in respect to their individual procedural guidelines and/or requirements, including consideration of the age of the person at the time of testing and use of verbal or non-verbal assessment measures.
- Individuals whose primary language is other than English are tested in their primary language.
- Individuals who are non-verbal are assessed with measures that consider the lack of verbal communication.
- Culturally neutral measures are used whenever possible.
- Any effects of mental/emotional disorders, sensory impairments, substance abuse, learning disabilities, and personality disorder are be ruled out, or addressed as contributing factors when present.
- Test results include names of tests administered, dates that they were administered, administering practitioners and/or supervising clinicians' names, including their signatures.
- Intellectual (IQ) and adaptive skills tests administered reflect the individual's current skills and results of tests, as well as consistency in results, as applicable, over extended timeframes.
- For an applicant applying as an individual with an **intellectual disability**, assessment information needs to:
  1. substantiate the determination of an **intellectual disability** on or prior to the individual's 18<sup>th</sup> birthday, (according to widely recognized definition of intellectual disability as put forth by The American Association on Intellectual and Developmental Disabilities (AAIDD);
  2. include adaptive assessments with an overall composite and subscale scores in areas which provide a comprehensive evaluation of an individual's personal, social, and self- management skills;
  3. include cognitive (IQ) testing with full scale and subscale scores in verbal, performance and overall functioning; include findings from adaptive and/or IQ tests that verify that they are reflective of the individual's true skills and abilities and that the individual's significant functional limitations are not due to a current acute or psychiatric disorder, a personality disorder, alcoholism, addiction, substance abuse disorders, and/or not a consequence of the infirmities of aging.
- Cognitive and adaptive assessments, submitted on behalf of applicants, are administered by a licensed psychologist and/or a psychologist associate with supervision from a licensed psychologist as required by Maryland's Board of Examiners for Psychologists. Deemed licensure status from other states may be acceptable.
- Supporting documentation of an Autism Spectrum Disorder such as an Autistic Disorder or Pervasive **Developmental Disability** reflect specific diagnostic criteria and use of appropriate psychometric assessments to determine the condition.

- Evaluations from other licensed clinicians such as occupational and/or physical therapists, recreational therapists, speech and language pathologists which provide information pertaining to an individual's overall motor, self-direction and/or language skills, therapies and other **treatments** addressing an individual's medical and/or physical condition and response to **treatment**, are also provided if they are available and applicable to the applicant's situation.
- Educational and/or academic assessments and Individualized Educational Plans (IEPs) are not be sufficient to replace the clinical and historical information usually found in comprehensive psychological, social, and adaptive assessments that go beyond educational issues.

## **Assessment Tests**

DDA does not limit assessments and tests that may be submitted, but requires that those considered during the eligibility determination process are standardized, nationally normed, validated and comprehensive.

### Intelligence tests that will be considered include:

- The Wechsler Series of Intelligence Scales
  - Wechsler Intelligence Scale for Children (WISC –IV) for ages 6:0-16:11
  - Wechsler Adult Intelligence Scale (WAIS III) for ages 16:0 to 94:0
  - Wechsler Pre-School and Primary Scale of Intelligence (WPPSI-III) for ages 2:6 to 7:3
- Kaufman Intelligence Test, Second Edition (?) (Kauffman Brief Intelligence Scale- KBIT or Kauffman Assessment Battery for Children- 2<sup>nd</sup> Edition (KBAC-II) for ages 3 to 18
- Leiter International Performance Scale- Revised for ages 2 to 20:11
- Stanford-Binet, 5<sup>th</sup> edition
- Wide Range Achievement Test (WRAT)

### Adaptive Assessments that will be considered include:

- AAMR Adaptive Behavior Scale
- Developmental Adaptive Behavior Scales (DABS)-Adaptive Behavior Assessment System for Children (ABAS II) for ages 5 to 21
- Comprehensive Test of Adaptive Behavior
- Scales of Independent Behavior – Revised (SIB-R) for infancy to 80 years of age
- Vineland Adaptive Behavior Scales (Vineland II) for ages 0-18

### Assessments for Autism Spectrum Disorders that will be considered include:

- Autism Diagnostic Observation Schedule (ADOS)
- Childhood Autism Rating Scale (CARS)
- Gilliam Autism Rating Scale, Second Edition (GARS II)
- Gilliam Asperger' Disorder Scale (2003 Update)
- Pervasive Developmental Disability Behavioral Inventory (PDD BI)

Generally, "brief" or screening versions of formal assessments and academic achievement tests - are not acceptable for determining eligibility for DDA funding. If acceptable evaluations are

not available, DDA can consider available information in conjunction with the information obtained in the interview process. When the disabling condition is very apparent and the impact is also quite pronounced, further assessments may not be necessary. However, DDA eligibility staff may:

1) Question the validity of diagnostic findings and test results that are not supported by appropriate medical, clinical and psychometric assessment findings and best practices, 2) Question reported information which may conflict, or appear to be inconsistent with other documents submitted, and 3) Request further information and/or additional assessments to determine, whether or not the individual meets any or all of the five criteria established in HG §7-101 and HG§7-403.

It is the responsibility of the applicant to provide or obtain necessary assessment information to demonstrate eligibility. Individuals who are unable to afford necessary assessments or who otherwise need help in arranging the assessments should request assistance from Regional Office Staff or the assigned Resource Coordinator who is acting as DDA's representative. There are provisions in COMAR 10.22.12.06 (B) for applicants to request an extension of the time frame for submitting necessary information, if arrangements have been made to obtain the information

## Appendix B

### Glossary of Terms

**NOTE:** Definitions of terms included in HG § 7-101 a, e, g, I, j, k, l, n; § 7- 303 a, b; 7-403 c and COMAR 10.22.12 were not changed in any way for purposes of this document. However, there are many terms used in everyday discussion of Eligibility and Access processes that have not previously been included in the Maryland DDA Law or Regulations. When possible, definitions from other sources that matched the understanding of DDA staff were used to clarify previously un-defined terms. In a few cases, definitions were constructed by staff from DDA, based on their experience or re-call of training from earlier years.

**Adaptive behavior** means the collection of conceptual, social, and practical skills that all people learn in order to function in their daily lives. These skills include: 1) Conceptual skills such as literacy, self-direction and developing concepts regarding numbers, money and time, 2) Social skills such as interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, following rules, obeying laws, and avoiding being victimized and 3) Practical skills such as activities of daily living (personal care), occupational skills, use of money, safety, health care, travel/transportation, schedules/routines, and use of the telephone. (American Association on Intellectual and Developmental Disabilities)

**Application for services** and/or **Request for funding** means the instrument designated by the DDA to: i) start the eligibility process; ii) provide basic demographic and statistical information regarding the applicant, iii) indicate the nature of the applicant's disability and assessment of functional impact, iv) report other services that the applicant has applied for, is currently receiving, or may have received in the past required from sources other than DDA, v) provide contact information regarding the applicant's caregivers or proponents and sources of assessment information, and vi) provide supporting documentation to verify the individual's eligibility, nature of the services needed and the urgency of need or priority for service from DDA. These two terms, **Application for services/Request for funding**, may be used interchangeably in this document. An **Application for services/Request for funding** is not complete until all information needed to make eligibility and priority decisions has been submitted to DDA.

**Appropriate evaluation** means the assessment of an individual using accepted professional standards to document the presence of a: (i) Developmental disability as defined in HG §7-101, Annotated Code of Maryland or (ii) Disability that qualifies the individual for **individual support services** only as defined in HG §7-403(c), Annotated Code of Maryland.

**Categorical** refers to a system for determining eligibility that is based on confirmation of specific diagnosis, such as intellectual disability, cerebral palsy, autism, etc. without regard to functional impact of the diagnosed condition(s).

**Current** evaluations mean assessments that accurately describe the person's condition at the time they are submitted and that have been completed within three years of the date presented.

**Developmental Disability (*federal definition*)** - a **severe, chronic disability** of an individual that:

- i) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- ii) is **manifested** before the individual attains age 22;
- iii) is likely to continue indefinitely;
- iv) results in **substantial functional limitations** in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and
- v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic **services**, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

**Developmental Disability (*Maryland definition*)**, also referred to as DD eligible, means that an individual has a severe chronic disability that:

- i) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments,
- ii) Is **manifested** before the individual attains the age of 22,
- iii) Is likely to continue indefinitely;
- iv) Results in an inability to **live independently** without **external support** or continuing and regular assistance; and
- v) Reflects the need for a combination and sequence of special, interdisciplinary or generic care, **treatment**, or other **services** that are individually planned and coordinated for the individual.

**Eligible for individual support services** also referred to as Supports Only or SO eligible, means that an individual has a severe chronic disability that:

- i) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairment; and
- ii) Is likely to continue indefinitely.

**External support** means:

Periodic monitoring of the circumstances of an individual with respect to:

- i) personal management
- ii) household management
- iii) the use of community resources

Rendering appropriate advice or assistance that may be needed.

**Functional skills** means the major life skills necessary for individuals to experience privacy and independence, in the completion of essential activities of daily living, including, but not limited to skills in self and domestic care, communication, mobility, employment, leisure, safety and self-management, as well as socialization and use of community resources at a generally age appropriate level.

**Generic** means services that are available to the general public or citizens who qualify for those services without regard to disability. Examples include public transportation, housing, financial assistance etc.



**Habilitation** means a process by which a provider of **services** enables an individual to acquire and maintain life skills to cope more effectively with the demands of the individual's own person and environment, and to raise the level of the individual's mental, physical, social, and vocational functioning.

**Individual support services** (HG § 7-706) means an array of **services** that are designed to increase or maintain an individual's ability to live alone or in an individual setting. **Individual support services** include:

- Identification **services**;
- In-home assistance with meals and personal care
- Training and support for self-advocacy
- Therapeutic **services**;
- Individual and family counseling;
- Medical equipment purchase, rental, and repair;
- Crisis intervention and follow-up;
- Attendant care;
- Respite **services**;
- Architectural modification and barrier removal;
- Transportation assistance
- Community integration **services**
- Employment related **services**; and
- Other **services** to maximize independence, productivity, and integration within the community.

**Individual support services** do not include full day or residential **services**.

**Intellectual disability** (formerly known as mental retardation) means a **disability** that is evidenced by significant limitations, both in intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical **adaptive** skills. The disability originates before the age of 18. (AAIDD definition)

**Inter-rater reliability** is the determination of the extent to which two or more raters consistently and individually review information and make the same decisions. Inter-rater agreement is significantly lower for record review or "paper" decision making than personal observation or "live" review. However, paper review is still an acceptable method for establishing **inter-rater reliability** (Murphy & Brouillette Nichols, 2007).

**Level of Care** means the level of service required by an individual based on needs. A person with complex needs may require an institutional level of care or a community alternative to that level of care.

**Live independently** means

-for adults,

1. managing personal care, such as dressing, medication, or hygiene
2. managing a household, such as menu planning, food preparation and shopping, essential care of the premises, and budgeting; and
3. using community resources, such as commercial establishments, transportation, and **services** of public agencies; and

-for minors,

Approved 12/6/12

Revised 12/17/12

functioning in normal settings without the need for supervision or assistance, other than supervision or assistance that is age appropriate.

**Maladaptive behavior** is behavior that interferes with functioning in specific situations or circumstances.

**Manifestation** refers to the observable impairments and/or functional limitations that reveal the person's disability/inability to perform age-appropriate activities.

**Manifested before the age of 22** means that the person's disability became apparent before the person attained the age of 22, and that the disability also resulted in **substantial functional limitations** in independent living skills prior to the 22<sup>nd</sup> birthday.

**Preliminary determination** means the outcome of the initial review of information supplied by or for the individual applying for DDA eligibility and service funding.

**Priority** means the category which reflects the urgency of an applicant's need for service from DDA, based on specified criteria for each category. Those in the Crisis Resolution **priority** are served first, followed by those in Crisis Prevention. People in the Current Request **priority** are served after those in crisis categories to the extent that resources are available.

**Qualified clinician** means those who meet the following requirements:

- Psychologists, psychologist associates, social workers, occupational therapists, physical therapists, recreational therapists, audiologists, and speech language pathologists must meet requirements by Maryland's Board of Examiners for their respective disciplines;
- Psychiatrists, neurologists, physicians, specialists, etc. must be currently licensed by their respective Boards, be in good standing and implement best medical practices; and
- Practitioners must designate diagnostic classifications using the prevailing clinical terms (e.g., ICD-9, APA).

**Related condition** is any other condition, other than mental illness, found to be closely related to an **intellectual disability** because the condition results in impairment of general intellectual functioning or **adaptive behavior** similar to that of intellectually disabled persons, and requires treatment or **services** similar to those required by these persons." **Related conditions** may include an Autism Spectrum Disorder, Cerebral Palsy, Epilepsy, Fetal Alcohol Syndrome, Prader-Willi, Spina Bifida, Traumatic Brain Injury, and/or a neurological condition.

**Severe, chronic disability** means a mental or physical condition which significantly and pervasively interferes with the primary aspects of daily living and independent functioning, and results in an on-going need for support and **habilitation**.

**Service need** means the identification of a support or service that is required for **habilitation**, as recommended by an individual's interdisciplinary team, or based on the results of an assessment or evaluation approved by DDA for verification of **service need**.

**Services** means residential, day, or other **services** that provide for the evaluation, diagnosis, **treatment**, care, supervision, assistance or attention to individuals with **developmental disability** and that promote **habilitation** of these individuals.

**Substantial functional limitation** means that the individual performs far below the expected level for a person of their chronological age with respect to most of the skills necessary for personal care, household management, and using community resources.

**Treatment** means any education, training, professional care or attention, or other program that is given to an individual with **developmental disability**.

**Waiver services** means a range of **services** including residential and day **services** which are provided in DDA's two current Home and Community Based **Waivers** which are known as the Community Pathways and New Directions **Waivers** for individuals who have been determined eligible as meeting criteria in HG §7-101 (e), Annotated Code of Maryland. Waiver **services** are funded by both the State and Federal government and require compliance with Code of Maryland and Medicaid regulations.

## Appendix C

### Related Resources

American Association on Intellectual and Developmental Disabilities (2009), *Definition for Adaptive Behavior*.

American Psychiatric Association, 2000, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*

Anastasi A, Urbina S., Upper Saddle River, N.J., Prentice Hall, 1996, *Psychological Testing, 7<sup>th</sup> Edition*

Code of Federal Regulations 42- Public Health, 2002, *Sections §435.1009, §440.150, and §483.440*

Code of Maryland Regulations, Subtitle 22 Developmental Disabilities, Effective 7/26/99, 10.22.01 *Definitions*, 10.22.12 *Eligibility for and Access to Services for Individual with Developmental Disabilities* and 10.22.16 *Informal Hearings Under the Maryland Developmental Disabilities Law*.

Developmental Disabilities Act 42 U.S.C. 15002, Section 102(8), *Federal Definition for Developmental Disabilities*

Disability Evaluation Under Social Security, Blue Book, June 2006, *Disability Programs, Medical/Professional Relations, Mental Disorders-Adult*

Maryland's Legislative Bill File for House Bill 711, 1986, *Revision to DD Law*.

Michie's Annotated Code of Maryland, Health-General, Lexis Publishing, 2000, *Title 7, Developmental Disabilities Law*.

Office of Mental Retardation And Developmental Disabilities (OMRDD), 8/10/01, *Advisory Guideline for Determining Eligibility for Services: Substantial Handicap and Developmental Disability, State of New York*.

Zaharia, Ric, Moseley, Charles, Rutgers Center for State Health Policy, July, 2008, *State Strategies for Determining Eligibility and Level of Care for ICF/MR and Waiver Program Participants*

## Appendix D

Maryland Department of Health and Mental Hygiene  
**DEVELOPMENTAL DISABILITIES ADMINISTRATION**  
**APPLICATION FOR ELIGIBILITY**

To determine eligibility for the Developmental Disabilities Administration (DDA) services, whether state or medicaid funded, you must complete this form. Low Intensity Support Services (LISS) do not require an application.

*If you need help with this application, call Toll Free 1-877-4MD-DHMH \* TTY for Disabled - Maryland Relay service 1-800-735-2258*

**PART I: APPLICANT'S INFORMATION**

--	--	--

**LAST Name**

**FIRST Name**

**MIDDLE Name**

**Date of Birth (MM/DD/YYYY):**

**Social Security Number:**

**Permanent Mailing Address:**

<i>Street Address</i>		<i>Apt#</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County of Residence</i>

**Are you a resident of Maryland?**

☐ Yes ☐ No

**Telephone:**

**Email:**

Day	
Cell	
Evening/Other	

**Have you ever applied for Medical Assistance in Maryland?**

☐ Yes ☐ No

**If yes, when?**

**If eligible, please provide your Medical Assistance Number:**

**Start Date:**

**End Date:**

**Please list your Managed Care Organization (MCO) if you have one:**

**and your primary care physician:**

*\* You must apply for Medical Assistance before you can receive funding for services from the DDA.*

**Supportive documentation attached to this application as available:** ☐ Yes ☐ No

☐ Medicaid Card ☐ Social Security Card

**FOR REGIONAL OFFICE USE ONLY**

**Regional Office:**

**Date Received:**

Maryland Department of Health and Mental Hygiene  
**DEVELOPMENTAL DISABILITIES ADMINISTRATION**  
**APPLICATION FOR ELIGIBILITY**

**PART II: APPLICANT SELF ASSESSMENT**

*Please check all disabilities that you have been diagnosed with:*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Autism                                    | <input type="checkbox"/> Deafness/Severe hearing impairment | <input type="checkbox"/> Speech/Language impairment    |
| <input type="checkbox"/> Behavioral problems                       | <input type="checkbox"/> Epilepsy/Seizure disorder          | <input type="checkbox"/> Spina bifida                  |
| <input type="checkbox"/> Blindness/Severe visual impairment        | <input type="checkbox"/> Head injury                        | <input type="checkbox"/> Spinal cord injury            |
| <input type="checkbox"/> Cerebral palsy                            | <input type="checkbox"/> Intellectual Disability            | <input type="checkbox"/> other neurological impairment |
| <input type="checkbox"/> Chemical dependency (Includes alcoholism) | <input type="checkbox"/> Multiple sclerosis                 | <input type="checkbox"/> Mental illness                |
| <input type="checkbox"/> Cystic fibrosis                           | <input type="checkbox"/> Orthopedic impairment              |  |

Other:

*Please attach copies of the following reports if appropriate, to support your disability, and note their attachment by checking them off below:*

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Records                | <input type="checkbox"/> Neuropsychological Evaluations  |
| <input type="checkbox"/> Psychological Evaluations      | <input type="checkbox"/> Special Education Records <input type="checkbox"/> Vocational Evaluations |
| <input type="checkbox"/> Other professional assessments |  |

**Please Identify:**

**YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR EVALUATIONS/RECORDS**

*Please check any statement that tells us about you and the supports you usually need:*

HOW DO YOU GET AROUND?	DO YOU REQUIRE ASSISTANCE?
<input type="checkbox"/> I walk independently.	<input type="checkbox"/> I do not need assistance.
<input type="checkbox"/> I can walk unaided, but with difficulty.	<input type="checkbox"/> I need occasional assistance. Several hours per day up to 3 days per week.
<input type="checkbox"/> I require supportive devices when I walk.	<input type="checkbox"/> I need minimal daily assistance. 1-2 hours per day.
<input type="checkbox"/> I use a power wheelchair.	<input type="checkbox"/> I need substantial daily assistance. 8 hours or more per day.
<input type="checkbox"/> I use a manual wheelchair.	<input type="checkbox"/> I need continuous assistance when I am awake.
<input type="checkbox"/> I use a scooter.	<input type="checkbox"/> I need continuous 24 hours per day assistance.
<input type="checkbox"/> I am unable to move independently.	<input type="checkbox"/> Other.
<input type="checkbox"/> Other.	

Maryland Department of Health and Mental Hygiene  
**DEVELOPMENTAL DISABILITIES ADMINISTRATION**  
**APPLICATION FOR ELIGIBILITY**

*Please check any statement that tells us about you and the supports you usually need:*

HOW DO YOU COMMUNICATE?	DO YOU USE ANY OF THESE SERVICES?
<input type="checkbox"/> I speak clearly and can be understood.	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> My speech is difficult to understand.	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> I use gestures to communicate.	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> I use sign language to communicate.	<input type="checkbox"/> Specialized Medical Care
<input type="checkbox"/> I require a communication device to communicate.	<input type="checkbox"/> Behavioral Support Service
<input type="checkbox"/> I need help from others to communicate.	<input type="checkbox"/> Counseling
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Psychiatric Treatment
	<input type="checkbox"/> Other: _____

*Please check any statement that tells us about you and the supports you usually need:*

<u>PERSONAL SKILLS</u>	<u>COMPLETELY INDEPENDENT</u>	<u>NEEDS ASSISTANCE</u>	<u>COMPLETELY DEPENDENT</u>
EATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRESSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BATHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILETING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROOMING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSFERS IN/OUT OF BED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARES SIMPLE FOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLETES HOUSEHOLD TASKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USES PUBLIC TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USES THE TELEPHONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWS WHAT TO DO IN AN EMERGENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Maryland Department of Health and Mental Hygiene  
**DEVELOPMENTAL DISABILITIES ADMINISTRATION**  
**APPLICATION FOR ELIGIBILITY**

**PART III: OTHER SERVICES**

*Please identify the other agencies or programs from which are currently receiving services or have received services from in the past by checking the appropriate box.*

<u>AGENCY</u>	APPLIED	CURRENTLY SERVED	SERVED IN THE PAST	HAVE NOT APPLIED
Dept. of Social Services (DSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board of Education (Local School System)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Office on Aging (AAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Div. of Rehabilitation Services (DORS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please List):				

Maryland Department of Health and Mental Hygiene  
**DEVELOPMENTAL DISABILITIES ADMINISTRATION**  
**APPLICATION FOR ELIGIBILITY**

*Please identify any other programs or services for which you have applied, currently receive or previously received.*

PROGRAM	APPLIED	CURRENTLY SERVED	PREVIOUSLY SERVED
Autism Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care (Medicaid Service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living at Home Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Day Care Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver for Older Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model Waiver for Medically Fragile Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REM (Rare and Expensive Case Management Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Are there any other agencies or programs not listed above that are helping you now, or that have you on a waiting list?*    ☐Yes    ☐No

If yes, please list the agencies/programs.

**NOTE:**

*DDA will review all the information you provide. Within seven (7) days DDA will make a preliminary decision as to whether there is a reasonable likelihood that you might be eligible for services from DDA or whether more information is needed. If necessary a representative of DDA will contact you to obtain further information or, if you agree by signing the consent form below, DDA can request information from other sources to help in its determination. DDA will make a final eligibility decision within 60 days of receipt of the completed application with all supporting documentation. You may request extensions of the time for processing, if additional time is needed to schedule a meeting with the DDA representative, or to obtain necessary evaluations and information. If you need help with this application, please call the Regional DDA office listed on page 1 of this form or call the Resource Coordination office for your county/region.*

Maryland Department of Health and Mental Hygiene  
**DEVELOPMENTAL DISABILITIES ADMINISTRATION**  
**APPLICATION FOR ELIGIBILITY**

**PART IV: AUTHORIZATION TO REQUEST & RECEIVE SERVICES**

In order to determine your eligibility and plan for services, DDA needs information from professionals and agencies that are familiar with your disability and service needs. The Request to Obtain Information from Professionals and Agencies form authorizes the Developmental Disabilities Administration to obtain information from the professionals and agencies listed on this application. **Please make copies, if needed, and complete one authorization form for each professional or agency to be contacted.**

*Request to Obtain Information from Professionals and Agencies*

--	--	--

**LAST Name**

**FIRST Name**

**MIDDLE Name**

**Date of Birth (MM/DD/YYYY):**

**Social Security Number:**

*I hereby give permission to the persons and/or agencies listed below to release any information they may have regarding my application to the Developmental Disabilities Administration (DDA) to assist them in determining my eligibility for services.. A photocopy of this authorization is valid.*

Professional/Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information is to be mailed to:

Regional Office Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

Printed Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

Maryland Department of Health and Mental Hygiene  
DEVELOPMENTAL DISABILITIES ADMINISTRATION  
APPLICATION FOR ELIGIBILITY

**PART V: CARE GIVER/GUARDIAN CONTACT INFORMATION**

The primary **caregiver** is the person responsible for the applicant's daily care.

A **legal guardian** is appointed by the court and may or may not be the primary caregiver. A legal guardian should attach a copy of the guardianship order.

A **contact** person is the person who can assist the DDA in contacting the applicant and may be a friend, family member, or an agency contact.

Please check any title that best describes the role of the person whose name and information is provided on this page: ☐ Primary Caregiver ☐ Legal Guardian ☐ Contact Person

--	--	--

LAST Name FIRST Name MIDDLE Initial

Permanent Mailing Address:

Street Address		Apt#	
City	State	Zip Code	County of Residence

Telephone:

Email:

Day	
Cell	
Evening/Other	

Name of agency, if applicable, acting as the primary caregiver, legal guardian, or contact person:

Please provide the following information regarding the primary caregiver only, if applicable:

Primary Caregiver's Date of Birth (MM/DD/YYYY):

Does the applicant reside with the primary caregiver? ☐ Yes ☐ No

Relationship to the Applicant:

☐ Self

☐ Family Member (please specify relationship):

☐ Not Related

☐ Public/Private Agency

Briefly describe any circumstances that may be causing difficulty for the primary caregiver.

--

Maryland Department of Health and Mental Hygiene  
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**Additional contacts (Please list at least one additional contact)**

	Name	Relationship to applicant	Phone number	E-mail
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART VI: STATISTICAL INFORMATION**

*Please complete the following information, which will be used for statistical purposes only.*

***Applicant's Sex:***

☐ Female

☐ Male

***Is the Applicant of:***

☐ Hispanic Origin

☐ Latino Origin

***Applicant's Race (more than one selection can be made):***

☐ American Indian / Alaskan Native

☐ Asian

☐ Black / African American

☐ Native Hawaiian / Other Pacific Islander

☐ White

***Applicant's Marital Status:***

☐ Single

☐ Married

☐ Divorced

☐ Widowed

***Applicant's Country of Origin:***

\_\_\_\_\_

***Primary Spoken Language:***

\_\_\_\_\_

***Additional Comments:***

Maryland Department of Health and Mental Hygiene  
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**PART VII: SIGNATURE SECTION**

I swear or affirm that I have read or had read to me this entire application. I also swear or affirm, under penalty of perjury, that all the information I have given is true, correct, and complete to the best of my ability, knowledge and belief. I authorize the DDA to contact any person, partnership, corporation, association, or governmental agency that has provided information about my eligibility for benefits.

**Notice to Applicants:**

You are providing personal information (Name, Address, Date of Birth, etc.) in this application.

The purpose of requesting this personal information is to determine your eligibility for DDA services. If you do not provide this personal information, the DDA may deny your application. You have the right to inspect, amend or correct this personal information. The DDA will not permit inspection of your personal information, or make it available to others, except as permitted by federal and State laws.

**Your Responsibilities are to Provide Information and to Report Changes:**

You must give true and complete information. You must provide proof of this information. We will keep it private. We will use the social security number and other information you give us to do computer matching and program reviews. All changes must be reported within ten (10) days. Examples of such changes include: address, persons living in the applicant's home, or new services or change in services from another agency. You, your primary caregiver, legal guardian or contact person is responsible for reporting such changes. If you intentionally do not give correct information or report changes, services may be discontinued or legal action may be taken.

---

Signature of Applicant

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Date

---

Signature of Authorized Representative

---

Date

Maryland Department of Health and Mental Hygiene  
**DEVELOPMENTAL DISABILITIES ADMINISTRATION**  
**APPLICATION FOR ELIGIBILITY**

*WHEN THE APPLICATION IS COMPLETE, SEND IT TO THE APPROPRIATE DDA REGIONAL OFFICE  
LISTED BELOW:*

THE CENTRAL MARYLAND REGIONAL OFFICE

(Anne Arundel County, Baltimore County, Howard County, Harford County and Baltimore City)

ATTENTION: Eligibility and Access Unit

1401 Severn Street

Baltimore, MD 21230

THE EASTERN SHORE REGIONAL OFFICE

(Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County, Worcester County)

ATTENTION: Eligibility and Access Unit

926 Snow Hill Rd, Building 100

Salisbury, MD 21804

THE SOUTHERN MARYLAND REGIONAL OFFICE

(Calvert County, Charles County, Montgomery County, Prince George's County, and St. Mary's County)

ATTENTION: Eligibility and Access Unit

312 Marshall Avenue, 7<sup>th</sup> Floor

Laurel, MD 20707

THE WESTERN MARYLAND REGIONAL OFFICE

(Allegany County, Carroll County, Frederick County, Garrett County, and Washington County)

c/o Potomac Center

ATTENTION: Eligibility and Access Unit

1360 Marshall Street

Hagerstown, MD 21740

*More Information about the Developmental Disabilities Administration may be found at the following website:*

<http://dda.dhmh.maryland.gov>

*The Developmental Disabilities Administration does not discriminate on the basis of race, color, sex, national origin, religion or disability in matters of employment or in providing access to programs.*

## Eligibility & Access Interview Packet

Observation Date: \_\_\_\_\_ Location: \_\_\_\_\_ Presenter: \_\_\_\_\_

Present @ the interview:

☐ DDA Applicant ☐ Other: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

☐ Other: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Applicant's Participation in Interview \_\_\_\_\_

☐ Participated with questions

☐ Sought attention from caregiver

☐ Participated with answers

☐ Stayed in the room

☐ Introduced and then left room

☐ Not able to contribute in any way

### Applicant Demographics and Information

Legal Name: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Medical Assistance #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

- If applicant does not have Medicaid, have they applied? ☐ YES ☐ NO

If YES: When? \_\_\_\_\_ Where? \_\_\_\_\_

If NO: Were directives/information given for the applicant to apply? ☐ YES ☐ NO

Other Health/Dental/Pharmacy coverage:

\_\_\_\_\_  
\_\_\_\_\_

### Family Information

Name/Relationship	DOB	Health Concerns/Disabilities	Live in home
Mother: _____	_____	_____	<input type="checkbox"/>
Father: _____	_____	_____	<input type="checkbox"/>
Other: _____	N/A	_____	<input type="checkbox"/>
Other: _____	N/A	_____	<input type="checkbox"/>
Other: _____	N/A	_____	<input type="checkbox"/>
Other: _____	N/A	_____	<input type="checkbox"/>



## Medical Information

Please describe any medical conditions that you have been diagnosed with:

When/How Identified:

<input type="checkbox"/> Autism	_____
<input type="checkbox"/> Cerebral Palsy	_____
<input type="checkbox"/> Epilepsy/Seizure Disorder	_____
<input type="checkbox"/> Head Injury	_____
<input type="checkbox"/> Intellectual Disability	_____
<input type="checkbox"/> Mental Health Disorder	_____
<input type="checkbox"/> Multiple Sclerosis	_____
<input type="checkbox"/> Muscular Dystrophy	_____
<input type="checkbox"/> Orthopedic Impairment	_____
<input type="checkbox"/> Spina Bifida	_____
<input type="checkbox"/> Other: _____	_____

Please tell me about any food, medication or other allergies which you have been diagnosed with.

\_\_\_\_\_

\_\_\_\_\_

Have you been hospitalized during the past 5 years? ☐ YES ☐ NO

When and What For? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive any therapies (Occupational, Physical, Speech, etc...)? If yes, when/where:

\_\_\_\_\_

\_\_\_\_\_

Are you now receiving, or have you ever received, **treatment / therapy / counseling** for any mental health needs? If YES, why and how often? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your medications: (Prescribed and Over-the-Counter)

Name	To treat:
_____	_____
_____	_____
_____	_____
_____	_____

History of Substance Abuse: ☐ YES ☐ NO Type: \_\_\_\_\_

## Behavioral Concerns

### Do you ever:

### Frequency/Remedies:

Exhibit inappropriate behaviors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Threatens others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Attempt to aggress towards others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Demonstrate self-injurious behaviors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Destroy property/objects?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Exhibit inappropriate sexual behaviors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Compulsive/Repetitive behaviors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Steal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Run Away?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Set fires?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Additional Comments/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **abused / exploited** by others? If YES, explain how and when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any **police or court** involvement? If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how you interact with others. : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you respond to new situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Communication / Mobility

Are you able to ambulate without assistance? ☐ YES ☐ NO

If No, do you use adaptive equipment (AFOs, wheelchair, stander, Hoyer lift, etc.)? ☐ YES ☐ NO

Explain: \_\_\_\_\_

Are you able to communicate verbally? ☐ YES ☐ NO

If No, what method of communication do you use?

☐ Sign Language

☐ Email/texting

☐ Gestures / Facial Expression

☐ Assistive Technology: \_\_\_\_\_

## Educational Information

Copy of IEP Requested: ☐ YES ☐ NO

Name / Address of **Current/Last** school: \_\_\_\_\_

County: \_\_\_\_\_

Did you receive special education services at **this** school? ☐ YES; Type: \_\_\_\_\_ ☐ NO

What type of accommodations do/did you receive? \_\_\_\_\_

Do/Did you have an IEP / 504 Plan? ☐ YES; Type: \_\_\_\_\_ ☐ NO

- Please explain type of services received (For example, Speech/OT/PT, 1:1, etc...)

Is/was there a Behavior Management Program (BMP) in effect? ☐ YES ☐ NO

If YES, where, why, and how long was it in effect? \_\_\_\_\_

Which will you be receiving/have you received? ☐ Certificate ☐ High School Diploma

When? \_\_\_\_\_

## Employment History (paid/volunteer/non-training)

Current Employer (City, State; Phone): \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Prior Employer (City, State; Phone): \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Dates: \_\_\_\_\_

Prior Employer (City, State; Phone): \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Dates: \_\_\_\_\_

## Functional Levels

*(Use additional pages if necessary)*

### Personal Management

Skill:	Assistance Needed?:	Comments/examples:
<u>Eating:</u>		
• Uses utensils	_____	_____
• Prone to choking	_____	_____
• Table manners	_____	_____
<u>Personal Hygiene:</u>		
• Bathroom	_____	_____
• Bathing	_____	_____
• Brushing teeth/hair	_____	_____
• Shaving	_____	_____
• Menstrual care	_____	_____
• First aid	_____	_____
• Communicating illness	_____	_____
Dressing/Undressing	_____	_____
Taking medications	_____	_____
Care for personal possessions	_____	_____

Are you self-medicating? ☐ YES ☐ NO \_\_\_\_\_

**Additional comments/observations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Household Management

Skill:	Assistance Needed?:	Comments/examples
<u>Menu Planning &amp; Food Prep</u>		
• Measuring		
• ID labels		
• Using microwave		
• Uses Stove/Oven		
<u>Grocery &amp; clothes shopping</u>		
• Prepares list		
• Knows to wait for change		
• Makes simple purchases		
• Able to compare prices		
<u>Money skills</u>		
• Understanding value		
• Budgeting		
• ID currency bills/coins		
• Able to make change		
• Basic banking skills		
<u>Time Management</u>		
• Able to tell time		
• Uses alarm clock		
• Ready on time		
• Follows schedule		
<u>Care of Premises</u>		
• Vacuum		
• Dust		
• Wash dishes		
• Laundry		
• Mow lawn		

**Additional comments/observations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Community Resources

Skill:	Assistance Needed?	Comments/examples:
<u>Phone</u>		
• Make calls		
• Receive calls		
• Take messages		
• Find numbers		
• Identify phone number		
<u>Emergency</u>		
• Identify an emergency vs. non-emergency		
• 911 procedure		
• Identify address		
<u>Safety</u>		
• Respond to posted signs		
• Appropriate with strangers		
• Able to cross street		
<u>Transportation</u>		
• Drive		
• Use public transportation		
• Able to follow directions		
<u>Use of Community Services</u>		
• Complete applications		
• Access and use pharmacy		
• Schedule medical appointments		
<u>Reading</u>		
• Email		
• Internet		
Writing		
Use Technology		

**Additional comments/observations:** \_\_\_\_\_

## Supervision Requirements

Can you be SAFELY left alone for any period of time? ☐ YES ☐ NO ☐ No Opportunity

If YES, under what circumstance and for how long? \_\_\_\_\_

If NO or No Opportunity, please describe why: \_\_\_\_\_

If left alone, would you know when & how to *(provide examples for each)*:

Contact 911? ☐ YES ☐ NO Get help in an emergency? ☐ YES ☐ NO

Do you recognize a dangerous situation & know what to do? ☐ YES ☐ NO

Explain: \_\_\_\_\_

## Priority Justification Family Composition

Name/Relationship of primary caregiver: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever been appointed a Legal Guardian by the Courts / State? ☐ Yes ☐ No

If YES:

Guardian\*: \_\_\_\_\_

Name

DOB

Address / Phone

(If applicable, type of guardianship: \_\_\_\_\_)

Copy of legal guardianship paperwork: ☐ OBTAINED ☐ REQUESTED

Is the primary caregiver able to continue caring for you? ☐ Yes ☐ No

How Long?

Can you continue to live in the current situation?

☐ Yes ☐ No

Do you want to change living arrangements? ☐ Yes ☐ No \_\_\_\_\_

What do you presently do during the day? \_\_\_\_\_

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### Impact on Applicant's Family / Caregivers

How do your disabilities affect your parents/caregiver? \_\_\_\_\_

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Describe any **health issues** which might inhibit caregiving? \_\_\_\_\_

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Are there any household **financial difficulties** affecting your ability to pay for services? \_\_\_\_\_

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Are there any **special circumstances** we should know about? \_\_\_\_\_

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---

Who are your other natural supports / who can help you when you need help?

Name

Relationship

Location

---

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What are your goals and what type assistance would help you to achieve these goals? \_\_\_\_\_

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What are your parent's/guardian's goals for you and what type assistance would help you to achieve these goals? \_\_\_\_\_

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### Other Services, Benefits and Waivers

Do you receive any of the following benefits or have the following sources of income?

- |                                |  |                              |  |
|--------------------------------|--|------------------------------|--|
| <input type="checkbox"/> WAGES | <input type="checkbox"/> HUD / RENTAL ASSISTANCE | <input type="checkbox"/> SSI | <input type="checkbox"/> FOOD STAMPS               |
| <input type="checkbox"/> SSDI  | <input type="checkbox"/> CHILD SUPPORT           | <input type="checkbox"/> SSA | <input type="checkbox"/> TEMPORARY CASH ASSISTANCE |
| <input type="checkbox"/> VA    | <input type="checkbox"/> ENERGY ASSISTANCE       |                              |  |

Other Resources that may be useful: \_\_\_\_\_

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Do you participate in any other Waiver or Service (verify from DDA Application)? ☐ YES ☐ NO

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Autism Waiver | <input type="checkbox"/> Living at Home Waiver | <input type="checkbox"/> Medical Day Waiver |
| <input type="checkbox"/> Model Waiver  | <input type="checkbox"/> TBI Waiver            | <input type="checkbox"/> LISS               |
| <input type="checkbox"/> REM           | <input type="checkbox"/> DORS                  |   |
| <input type="checkbox"/> Other: _____  |  |   |

## Appendix F

### CRITICAL NEEDS LIST RECOMMENDATION FORM

CNLR Date:  Update: ☐ YES ☐ NO Initial Application Date:

Region: ☐ CMRO ☐ ESRO ☐ SMRO ☐ WMRO

Person's name:

Address:

County:

Phone:

DOB:

Email address:

Social Security #:

Caregiver's name:

Address: (if different from person's)

DOB:

Phone: (if different from person's)

Email address:

Documented Disability(s):

Presenter:

Telephone:

Email address:

Does the person have active MA? ☐ YES ☐ NO

If yes, MA #:

Eligibility Information (include details about developmental history, birth family, maladaptive behaviors, barriers to independent living, etc):

Personal Management:

Household Management:

Using Community Resources:

Eligibility Recommendation: ☐ DD ☐ SO ☐ Not Eligible ☐ Insufficient Information to make a determination

Priority Justification *(include specific details/examples of caregiver factors or other circumstances that justify the priority recommendation)*:

Service Priority Category and Service Recommendation(s) *(select the highest priority category applicable and any applicable service recommendation)*:

☐ CRISIS RESOLUTION

☐ CRISIS PREVENTION

☐ CURRENT REQUEST

☐ FUTURE NEED (Registry) anticipated date service needed

Year: yyyy

Service Requested: ☐ Day/Employment ☐ Residential ☐ Supports

Regional Office Determination/Comments: